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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| NAME OF COMMITTEE IN FULL     Control for Congress          |   |                        |   |                            |
|---|---|------------------------|---|----------------------------|
| Castro for Congress  ADDRESS (number and street) PO Box 544 |   |                        | _   |                            |
| ADDRESS (number and street) PO Box 544                      |   |                        |   |                            |
| CITY, STATE, and ZIP CODE                                   |   |                        | -   |                            |
| San Antonio   | TX 7829                                 | 92                     |   |                            |
| 2. NAME OF CANDIDATE  | 3. OFFICE SOUGHT (State and District)   |                        | 4. FEC IDENTIFICATION NUMBER  |                            |
| Rep. Joaquin Castro   | House TX 20                             |                        | C00497933   |                            |
| 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING            | YES, IT AMENDS THE                      | NOTICE FILED ON        | /   | /                          |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                  | Name of Employer                        |                        | Date (month,  | Amount                     |
| Cemex Inc. Employees Political Action Committee             |   |                        | day, year)  |                            |
|   |   |                        | 10/30/2014  | 1000.00                    |
| 929 Gessner Rd  |   |                        |   |                            |
| Ste 1900  | Transaction ID : VNW36D88893 Occupation |                        |   |                            |
| Houston TX 77024-2317                                       | Cocapation                              |                        |   |                            |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                  | Name of Employer                        |                        | Date (month,  | Amount                     |
|   |   |                        | day, year)  |                            |
|   |   |                        |   |                            |
|   |   |                        |   |                            |
|   |   |                        |   |                            |
|   | Occupation                              |                        |   |                            |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                  | Name of Employer                        |                        | Date (month,  | Amount                     |
| C. FOLE NAME, MAILING ADDRESS AND ZIF CODE                  | Name of Employer                        |                        | day, year)  | Amount                     |
|   |   |                        |   |                            |
|   |   |                        |   |                            |
|   |   |                        |   |                            |
|   | Occupation                              |                        |   |                            |
|   |   |                        | Date (month,  | Amount                     |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                  | Name of Employer                        |                        | day, year)  | Amount                     |
|   |   |                        |   |                            |
|   |   |                        |   |                            |
|   |   |                        |   |                            |
|   | Occupation                              |                        |   |                            |
|   |   |                        |   |                            |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                  | Name of Employer                        |                        | Date (month, day, year)   | Amount                     |
|   |   |                        | ,,,,,,,,  |                            |
|   |   |                        |   |                            |
|   |   |                        |   |                            |
|   | Occupation                              |                        |   |                            |
|   |   |                        |   |                            |
| SIGNATURE (optional) Mr. Jose H. Villarreal                 | · · ·                                   | <b>DATE</b> 10/31/2014 |   | information contact:       |
| mi. Jose 11. viitairett                                     | [Electronically Filed]                  |                        | Federal Election Commission<br>999 E Street, NW, Washington, DC 20463 |                            |
|   |   |                        |   | I-9530, Local 202-694-1100 |

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